

VZCZCXRO6094
RR RUEHCHI RUEHDT RUEHHM RUEHNH
DE RUEHPF #0391/01 1620738
ZNR UUUUU ZZH
R 110738Z JUN 09
FM AMEMBASSY PHNOM PENH
TO RUEHC/SECSTATE WASHDC 0817
INFO RUCNASE/ASEAN MEMBER COLLECTIVE
RHEHNSC/NSC WASHDC 0168
RUEHNA/DEA HQS WASHDC
RHMFIUU/FBI WASHINGTON DC
RHHMUNA/USPACOM HONOLULU HI
RHHMUNB/JIATF WEST

UNCLAS SECTION 01 OF 03 PHNOM PENH 000391

SENSITIVE
SIPDIS

STATE FOR EAP/MLS, DJ, EAP/RSP, INL/AAE -- BRANDON NEUKAM
BANGKOK FOR DEA, TCAO -- SCOTT ROLSTON

E.O. 12958: N/A
TAGS: [SNAR](#) [PGOV](#) [ASEC](#) [PREL](#) [EAID](#) [CB](#)
SUBJECT: MINI-DUBLIN GROUP DISCUSSES CAMBODIA'S DRUG
PROBLEMS

REF: A. PHNOM PENH 377
[B.](#) PHNOM PENH 203
[C.](#) 07 PHNOM PENH 515

[1.](#) (SBU) Summary: Representatives from the embassies of Australia, U.S., France, EU, Japan, and Denmark met with United Nations Office on Drugs and Crime (UNODC) and Royal Government of Cambodia (RGC) officials June 4 to discuss the current situation, policies and donor coordination in relation to drugs in Cambodia. Identified needs for improving the drug control system included measures to advance overall governance and fight corruption. Post outlined current U.S. efforts to improve the RGC's capacity to combat illicit drugs. While the majority of the discussion focused on issues related to enforcement and prosecution, donors also raised the need for more coordination in the area of prevention, especially in the often neglected areas of treatment and rehabilitation. End Summary.

Current Situation

[2.](#) (SBU) Although the exact number of drug users in Cambodia does not exist, the National Authority for Combating Drugs (NACD) estimates 5,900 users, the National Center for HIV/AIDS, Dermatology and STD (NCHADS) estimates 13,000, and in 2004 UNAIDS estimated that there were 46,000 illicit drug users. According to NGOs and law enforcement experts working in the field, the actual figures are likely to be much higher than any of these estimates. The main drug of choice is yama, which is the tablet form of methamphetamine, although crystal meth use ("ice") is surging. According to NACD, 77% of drug users are below the age of 26. Data now indicates that the drug problem in Cambodia has spread further into the rural areas, with the highest usage in the provinces bordering Laos and Thailand. Surprisingly, according to NACD statistics, Phnom Penh falls into the mid range of illicit drug use, with Siem Reap falling into the low range. The HIV prevalence rate among general drug users is only slightly higher than the national average. However, among injecting drug users (IDUs), it is estimated at 24.4%.

[3.](#) (SBU) Given Cambodia's porous borders, corruption, and weak law enforcement, it has historically been an easy target for traffickers of illicit cargo. Heroin made in Burmese and Lao drug labs as well as cocaine and ecstasy are trafficked through Cambodian international airports, land and maritime borders. The arrest of Chinese nationals involved in large narcotics cases suggests linkages with transnational criminal syndicates. A surge of activity related to West African

organized crime elements is of concern to the Cambodian Anti-Drug Department. An NGO contact told Poloff that the West Africans have introduced glass pipes to Cambodians for smoking ice and other drugs. The recent discovery of large scale clandestine laboratories (Refs B & C), small scale tableting operations, and evidence of safrole-rich oil production all suggest that Cambodia has evolved from merely transit to production. UNODC contends that the majority of meth tablets feeding the growing domestic demand are produced by mixing methamphetamines manufactured in other countries with local adulterants which generate higher quantities of lower grade drugs.

Weaknesses

14. (SBU) Ideally, increased drug consumption is tackled by both enforcement and prevention. However, drug users have historically been seen as criminals rather than victims in need of assistance in Cambodia. Consequently, there has been an over-reliance on law enforcement and prosecution approaches at the expense of demand reduction efforts. Poloff has noted an increased understanding on the part of the RGC that demand reduction strategies are also needed in order to effectively control drug use. However, there are limited resources and little to no capacity in this area. Public drug treatment centers are run by several different ministries, from Health to Interior to Defense, with no single standard of care. They are primarily compulsory military-style boot camps with an overarching philosophy of detention and control. A recent USAID assessment suggested

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that the centers provide very little in the way of addiction programming. Experts believe that these centers do not meet the real needs on the ground and feel a shift toward community-based drug treatment services is needed in order to provide a realistic option for those who are voluntarily in search of treatment.

15. (SBU) Corruption, low educational levels, low salaries, limited budgets, hierarchical decision making processes, weak systems and limited information sharing between agencies all affect the quality of public services in Cambodia. Although the RGC's drug control policy has focused on enforcement, police capacity remains weak. According to Moek Dara, Secretary General of NACD, of the 660 anti-drug officers throughout Cambodia, only 20% have received training and 50% have no capacity to act. Police training, when received, is often inadequate, with little emphasis on human rights and service to the public. Many police, prosecutors and judges do not understand the current drug law. According to UNODC, systemic improvements within the judicial system such as improved cooperation between police, prosecutors and investigative judges, are required in order to improve drug control in Cambodia.

16. (SBU) The RGC has responded to the increasing complexity of the drug situation in Cambodia by introducing a new draft "Law on Drug Control" which would replace the 1996 drug law. The new law is intended to increase the severity of punishments, strengthen provisions on seizure and forfeiture of property, and improve procedural requirements. The RGC invited UNODC and several stakeholders to workshops during various drafting stages to ensure the law is consistent with UN conventions. The World Health Organization and NGOs fought and eventually won a battle to include the following statement in the draft law: "The provision of health services, including harm reduction services, to drug users should not be considered as a facilitating factor for illicit drug use." The draft has received opposition from the Ministry of Justice over procedural articles, and the National Bank which rejected portions pertaining to money laundering as not being harmonized with the 2007 Anti Money Laundering Law. However, according to the NACD, the Prime Minister and Minister of Interior both strongly back the

draft law and NACD expects it will be passed before the end of the year. UNODC and others fear that, although the new law is now acceptable to most stakeholders and meets international standards, there is limited capacity within the RGC to develop the required regulations and procedures to support its implementation.

Current U.S. Efforts

17. (SBU) Through USAID, the Embassy provides HIV/AIDS funding which benefits some drug users, particularly IDUs. Approximately 25 law enforcement officials each year receive drug related training at ILEA in Bangkok. Bangkok-based DEA agents provide technical assistance, training, and limited resources to the Cambodian Anti-Drug Department. JIATF-West has provided infrastructure and held two counter-narcotics trainings in the past seven months for military, gendarmerie, police and officials from Cambodia's twelve Border Liaison Offices (B.L.O.). The U.S. Department of Defense is concentrating on raising capacity within the maritime security realm and will have several workshops and training events this year (Ref A). In 2007, INL funds were used to provide drug treatment training sessions through Daytop. Our 2010 INL budget includes funding for a Senior Law Enforcement Advisor who will focus on basic police capacity building. Post has submitted a 1207 request which, if approved, would provide funds for drug awareness training and community policing.

Comment

18. (SBU) The meeting of the Mini-Dublin group produced no surprises. Corruption, weak rule of law, and low human resource capacity plague all sectors of public service. Donors are all too aware of the issues, especially the need for basic capacity building within the law enforcement community. Meeting regularly to discuss these issues allows

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for donors to avoid duplication and more efficiently plan future funding. NACD has requested more input into donor programs and UNODC echoed this as well as the need for better coordination. The meeting also highlighted the need for further technical assistance, deliberation and a coordinated approach to improving drug treatment and rehabilitation. Most donors agreed that future funding in this area should be focused on a community-based approach, which would also serve to promote the RGC's decentralization initiative. Likewise, law enforcement tactics need to shift from reactive and centrally controlled to participatory and locally controlled.

As we have seen in the U.S. and elsewhere, the fight against drugs is not easily won even with considerable resources. The RGC seems to have the will to tackle the problems but severely lacks necessary resources, strategy and capacity.

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